

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Optometrists
Opticians
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 02-30 MAA
Issued: June 1, 2002

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From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 01-27 MAA

Subject: Update to the RBRVS* and Vendor Rate Increase for Optometrists and Opticians

Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2002 relative value units (RVUs);
- The Year 2002 additions of Current Procedural Terminology (CPT™) codes;
- Additions to the Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes; and
- A legislatively appropriated one and one-half (1.5) percent vendor rate increase.

Maximum Allowable Fees

In updating the fee schedule with Year 2002 RVUs and clinical lab fees, MAA maintained overall budget neutrality. The 2001-2003 Biennium Appropriations Act authorizes this one and one-half (1.5) percent vendor rate increase for MAA fee-for-service programs. The maximum allowable fees have been adjusted to reflect the changes listed above.

Attached are updated replacement pages G.3-G.4, H.1-H.2, and K.1-K.2 for MAA's Vision Care Billing Instructions, dated September 2000. To obtain this fee schedule electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

* RBRVS stands for Resource-Based Relative Value Scale.

What is not covered?

- ✓ Contact lenses for a client who has received MAA-covered eyeglasses within the past 2 years, unless the provider can document the medical necessity to MAA’s satisfaction;
- ✓ Disposable contact lenses; or
- ✓ Contact lenses upgraded at private expense to avoid MAA’s contract limitations.

Billing for Fitting Fees

Please use the following state-unique procedure codes when billing MAA for fitting fees for contact lenses.

Payable to Ophthalmologists, Optometrists, and Opticians.

State-Unique Procedure Code	Description	Maximum Allowable Fee Non-Facility/Facility Setting Effective 7/1/02
9275M	Fitting fee including dispensing for therapeutic bandage lenses. (This includes 14-day follow-up care.)	\$123.53
9276M	Fitting fee including dispensing for contact lenses. (This includes 30-day follow-up care for the training period.)	46.33
9277M	Fitting fee including dispensing of contact lenses for treatment for disease. (This includes 90-day follow-up care.)	140.75

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Ocular Prosthetics

Not payable to Opticians.

When does MAA cover ocular prosthetics?

MAA covers ocular prosthetics when they are medically necessary and provided by any of the following enrolled/contracted providers:

- An Ophthalmologist;
- An Ocularist; or
- An Optometrist who specializes in orthotics.

Billing

Procedure Codes: Refer to MAA's [Physician-Related Services Billing Instructions](#) for a complete listing of CPT codes and maximum allowables or go to: <http://maa.dshs.wa.gov> (click on Provider Publications/Fee Schedules).

HCPCS Procedure Codes: Please use one of the following HCPCS procedure codes when billing for Ocular Prosthesis.

Not payable to Opticians

HCPCS Code	Description	Effective 7/1/02 Maximum Allowable
V2623	Prosthetic, eye, plastic, custom	\$853.41
V2624	Polishing/resurfacing of ocular prosthesis	64.39
V2625	Enlargement of ocular prosthesis	391.46
V2626	Reduction of ocular prosthesis	211.01
V2627	Scleral cover shell	1,362.83
V2628	Fabrication and fitting of ocular conformer	321.79
V2630	Anterior chamber intraocular lens	342.42
V2631	Iris, supported intraocular lens	342.42
V2632	Posterior chamber intraocular lens	342.42

Cataract Surgeries

This information is for referral purposes only.

When does MAA cover cataract surgery?

MAA covers cataract surgery when it is medically necessary and the provider clearly documents the need in the client's file.

MAA considers the surgery medically necessary when the client has either of the following:

- Correctable visual acuity in the affected eye at 20/50 or worse, as measured on the Snellen test chart; or
- One or more of the following conditions:
 - ✓ Dislocated or subluxated lens;
 - ✓ Intraocular foreign body;
 - ✓ Ocular trauma;
 - ✓ Phacogenic glaucoma;
 - ✓ Phacogenic uveitis; or
 - ✓ Phacoanaphylactic endophthalmitis.

Fee Schedule

(Ophthalmologists/Optometrists/Opticians)
Effective for dates of service on and after July 1, 2002.

Due to its licensing agreement with the American Medical Associations, MAA publishes only the official, brief CPT procedure code descriptions. To view the entire description, please refer to your current CPT book.

CPT Procedure Code	Brief Description	7/1/02 Maximum Allowable Fee	
		Non-Facility Setting (NFS)	Facility Setting (FS)
0311M*	Operating costs in nursing homes. (Allowed once per visit, per facility, regardless of how many clients are seen, <u>when</u> eyeglass fitting or eligible repair services are performed.)	\$17.01	\$17.01
Payable to Opticians Only			
Fitting fees are <u>not</u> covered by Medicare and may be billed directly to the MAA without attaching a Medicare denial.			
92340**	Fitting of spectacles	24.12	12.06
92341**	Fitting of spectacles	27.30	15.02
92342**	Fitting of spectacles	29.12	16.84
92352**	Special spectacles fitting	24.12	12.06
92353**	Special spectacles fitting	28.44	16.15
92354**	Special spectacles fitting	194.97	194.97
92370**	Repair & adjust spectacles	20.02	10.47
92371**	Repair & adjust spectacles	13.88	13.88
9274M*	Materials for eyeglasses repair	15.17	15.17
9275M*	Fitting fee for therapeutic bandage lenses. (This includes 14-day follow-up care and dispensing.)	123.53	123.53
9276M*	Fitting fee for contact lenses. (This includes 30-day follow-up care for the training period and includes dispensing.)	46.33	46.33

(CPT codes and descriptions are copyright 2001 American Medical Association.)

7/1/02			
Maximum Allowable Fee			
CPT Procedure Code	Short Description	Non-Facility Setting (NFS)	Facility Setting (FS)
9277M*	Fitting of contact lenses for treatment of disease. (This includes 90-day follow-up care and includes dispensing.)	140.75	140.75
92499	Eye service or procedure	B.R.	B.R.

B.R. – By Report

* State-Unique Code

** MAA does not separately reimburse a nursing facility for eye exams, refractions, and fitting and repairing of eyeglasses when provided by optometrists and opticians using their own equipment. The criteria used for reimbursing providers at NFS maximum allowable fee is when the provider performing the service typically bears the cost of resources, such as labor, medical supplies, and medical equipment associated with the service performed.

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